	ALLOCABLE COSTS	DIRECT COSTS	TOTAL
	Column 1	**Column 2**	**Column 3**

TOTAL EDP AND LAB COSTS AND ABATEMENTS

	Column 1	Column 2	Column 3
	1/	2/	
E. Total EDP Staff and EDP Costs (from CS 356.2a) 1/	$ _____	$ _____	$ _____

F. LABORATORY COSTS (itemize)   Operating Costs

_____ $ _____

_____ $ _____ $ _____

TOTAL LABORATORY COSTS $ _____

G. ABATEMENTS (itemize)   Operating Costs

interest _____ ($ _____)

lab costs recovered _____ ($ _____)

Other _____ ($ _____)   ($ _____)

TOTAL ABATEMENTS   ($ _____)

H. TOTAL DISTRICT ATTORNEY SUPPORT COSTS $ _____

I. SUPERIOR COURT SYSTEM-EXPEDITED PROCESS COSTS   Personal Services and Operating Costs   Indirect Costs

$ _____ $ _____ $ _____ $ _____

J. GRAND TOTAL IV-D COSTS $ _____ $ _____ $ _____

I hereby certify, under penalty of perjury that I am the official responsible for the administration of the child support program in and for said county; that I have not violated any of the provisions of Code of Federal Regulations, 45CFR, Part 93, regarding lobbying restrictions, and Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein have been expended and are properly chargeable as expenditures for administration of the child support program in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Benefits and Services Advisory Board.

I hereby certify, under penalty of perjury, that I am the official in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Code of Federal Regulations, 45CFR, Part 93, regarding lobbying restrictions, and Sections 1090 to 1096, inclusive, of the Government Code, that the expenditures reported herein have been authorized by the district attorney and that warrants therefore have been issued or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY DISTRICT ATTORNEY   DATE   SIGNATURE OF COUNTY AUDITOR   DATE

CONTACT NAME   TELEPHONE NUMBER

1/   Enter the total allocable EDP personal service costs plus the total allocable indirect costs from CS 356.2a Line T, Column 7 and 8, on CS 356.2, Line E, Column 1.

2/   Enter total EDP direct costs from CS 356.2a, Line T, Column 9 on CS 356.2, Line E, Column 2.